

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-876)</small>							<small>SERIAL NO.</small> 097763641		<small>FILING DATE</small> 29 MAR 2001		
							<small>APPLICANT(S)</small> <i>Giles</i>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51				
2				/			52				
3				/			53				
4				/			54				
5				/			55				
6				/			56				
7				/			57				
8				/			58				
9				/			59				
10				/			60				
11				/			61				
12				/			62				
13			/				63				
14				/			64				
15				/			65				
16				/			66				
17				/			67				
18				/			68				
19				/			69				
20				/			70				
21				/			71				
22				/			72				
23				/			73				
24							74				
25				/			75				
26			/				76				
27				/			77				
28				/			78				
29							79				
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35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			3				TOTAL IND.				
TOTAL DEP.			24				TOTAL DEP.				
TOTAL CLAIMS			27				TOTAL CLAIMS				

BEST AVAILABLE COPY